

236388

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**APPLICATION FOR A CLASS C CHARTER
CERTIFICATE FROM SOUTHEASTERN
STAGES, INC.**

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2012 - 182 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: SOUTHEASTERN STAGES, INC.

Telephone: 404-591-2750

Address: 260 University Ave SW

Fax: 404-591-2745

Atlanta, GA 30315

Other:

Email: rickstanley@southeasternstages.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input checked="" type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED
APR 25 2012
PSC
CLERK'S OFFICE

[Handwritten signature]

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

Date: April 2, 2012

CLASS C - CHARTER BUS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

SOUTHEASTERN STAGES, INC.

260 University Ave. SW Atlanta GA 30315

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

404-591-2750

Phone

404-591-2745

Fax

rickstanley@southeasternstages.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☒ Corporation - List names and addresses of two principal officers.

Michael Dickson - President

Rick Stanley - Vice President

DESCRIPTION OF EQUIPMENT

[illegible]

BUS #	MAKE	YEAR	MODEL	VIN	EMPTY WEIGHT	SEATS
266	PREVOST	1998	H3-45	2PCH33495W1012632	37600	56
267	PREVOST	1998	H3-45	2PCH33496W1012638	37600	56
275	VAN HOOL	2001	C2045L	YE2CC22B012045742	37600	57
276	MCI	2002	D4500	1M8PDMRA02P055341	37600	55
277	MCI	2002	D4500	1M8PDMRA22P055342	37600	55
278	PREVOST	2000	H3-45	2PCH3349XY1013441	37600	56
279	PREVOST	2004	H3-45	2PCH3349741014993	37600	56
294	MCI	2007	J4500	2M93JMPAX7W064142	37600	55
295	MCI	2007	J4500	2M93JMPA17W064143	37600	55
297	MCI	2008	J4500	2M93JMHAX8W064707	37600	55
298	MCI	2008	J4500	2M93JMHA18W064708	37600	55
299	PREVOST	2009	H3-45	2PCH334999C711464	37600	56
300	PREVOST	2009	H3-45	2PCH334909C711465	37600	56
301	BCI	2008	Falcon 4500	LWECACD18A450068	37600	56
304	VAN HOOL	2010	C2045L	YE2CC19B1A2046933	37600	57
308	VAN HOOL	2010	C2045	YE2CC25B9A2046237	37600	57
309	VAN HOOL	2011	C2045	YE2CC25BXB2046250	37600	57
312	MCI	2011	J4500	2MG3JMHA4BW065707	37600	56
313	MCI	2011	J4500	2MG3JMHA3BW065813	37600	56

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with S.C. OFFICE OF REGULATORY STAFF (hereinafter called Commission)
(Name of Commission)

This is to certify, that the LANCER INSURANCE COMPANY
(Name Of Company)

(hereinafter called Company) of 370 WEST PARK AVENUE, LONG BEACH, NY 11561
(Home Office Address of Company)

has issued to SOUTHEASTERN STAGES, INC. of 260 UNIVERSITY AVENUE SW, ATLANTA, GA 30315
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 04/02/2012 12:01 A.M., standard time at the address of the Insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damaged Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damaged liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the Insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 370 WEST PARK AVENUE LONG BEACH NY 11561
(Street Address) (City) (State) (Zip Code)

this 2nd day of APRIL 2012

Insurance Company File No. BA162387
(Policy Number)


(Authorized Company Representative)

Exhibit Fit, Willing, and Able (FWA)

SOUTHEASTERN STAGES, INC.

Name of Applicant

092819

U.S.D.O.T No.

MC 29623

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☒ Yes ☐ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☒ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☐ No

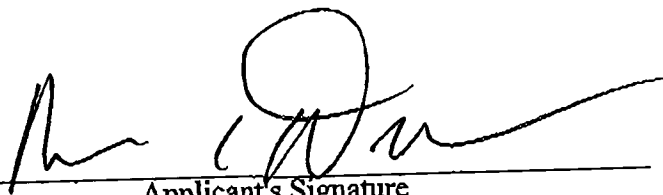
5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
)
COUNTY OF _____)

SWORN TO BEFORE ME
This 24th day of April, 2012

Rick C Stanley
Notary Public

Commission Expires March 8, 2015

My Commission Expires
March 8, 2015

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

SOUTHEASTERN STAGES, INC.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☐ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

I, Michael Dickson, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME

This 24th day of April, 20 12

Applicant's Signature

Rick C Stanley
Notary Public

Commission Expires March 8, 2015

**My Commission Expires
March 8, 2015**

Control No. A303243

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

SOUTHEASTERN STAGES, INC.

Domestic Profit Corporation

was formed or was authorized to transact business on 06/19/1933 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 25th day of August, 2009

Karen C Handel
Secretary of State

Certification Number: 4554111-1 Reference:
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskh/verify.asp>



260 University Ave., S.W. • Atlanta, Georgia 30315-2125

Telephone: (404) 591-2750 • Fax: (404) 591-2745

April 25, 2012

Janice
SC Public Service Commission

Re: Certificate of Existence

Via Fax: (803) 896-5199

Attached is the Certificate of Existence you requested. Thank you.

Sincerely;

Rick C Stanley
Vice President